CITY OF IRVING HOUSING & HUMAN SERVICES DEPARTMENT

2520 W. Irving Blvd., Suite 300 75061 972-721-4813 FAX

CONTRACTOR APPLICATION

To participate in the City's Housing Programs, General Contractors must be bonded, meet all insurance requirements as specified by the City of Irving Risk Management Office, and provide satisfactory references. General contractors interested in participating in the City's Housing Programs should contact the Housing Rehabilitation Specialist at 972-721-4800 for further information or use the application form provided below.

1. NAME OF COMPANY			
2. NAME OF OWNER			
3. BUSINESS ADDRESS	S Street		
	City	State	Zip
4. BUSINESS TELEPHO	DNE		
5. AFTER HOURS PHO	NE		
6. HOW LONG IN BUSIN	NESS		
SPECIALIZED SERVIC	ES		
7. NUMBER OF EMPLO	YEES ON PAYROLL		
8. APPROXIMATE VOLUME OF LAST YEARS BUSINESS			
9. APPROXIMATE VOLUME OF THIS YEARS BUSINESS			

10. ATTACH ONE)	A COPY OF YOUR RECENT FINAN	ICIAL STATEMENT (IF YOU HAVE
11. SUPPLIE	ERS YOU DO BUSINESS WITH	
NAME	CONTACT	PHONE
	SUB-CONTRACTORS WITH WHOM	
	Minority Business Enterprise	
ELECTR	ICAL	
	Minority Business Enterprise	Women Business Enterprise
PLUMBIN	NG	
	Minority Business Enterprise	Women Business Enterprise
ROOFIN	G	
	Minority Business Enterprise	Women Business Enterprise
MASONR	Υ	
	Minority Business Enterprise	Women Business Enterprise
MECHAN	NICAL	
	Minority Business Enterprise	Women Business Enterprise

PAINTI	NG		
			Women Business Enterprise
13. PRIVAT	E CUSTOMERS	FOR WHOM YOU'VE	E RECENTLY COMPLETED WORK
NAME		ADDRESS	PHONE
14. LIST FE	EDERAL AND/OR	CITY CONTRACTS	WHICH YOU HAVE COMPLETED
TYPE		CONTACT PERSON	N PHONE
15. LIST BU	JSINESS REFER	ENCES, INCLUDING	BANKS
NAME		ADDRESS	PHONE

LOCAL LAW IN THE CONTRACTOR.	COURSE OF [DISCHARGIN	G YOUF	R DUTIES A	S A
YES NO					
IF YES, PLEASE EXPLAIN_					
TAX ID #					
PERSONAL NAME					
SPOUSE'S NAME					
SOCIAL SECURITY		HOME	PHONE		
HOME ADDRESS					
PREVIOUS ADDRESS					
DRIVER'S LICENSE #		ISSUE	ED		
IF PARTNER OR SOLE OWNERS	PROPRIETORSH	IIP, NAMES	(S) OF	PARTNERS	OR
IF CORPORATION, NAME'S	3 OF PRINCIPAL (OFFICERS			
EMPLOYED ID #					
EMPLOYER ID #					
SS#					

16. HAVE YOU EVER BEEN CONVICTED OF VIOLATING FEDERAL, STATE OR

NAME, POLICY #, EXPIRATION DATE OF INSURANCE CARRIER

WORKERS COMP	
LIABILITY	
AUTO	
AUTHORIZED SIGNATURE _	
TITLE	DATE